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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Dacket No.	02486.0066.NPUS01
		First Inventor	Cynthia B. Robinson
		COMBINATION OF DEHYDROEPIANDROSTERONE OR DEHYDROEPIANDROSTERONE-SULFATE WITH A LEUKOTRIENE RECEPTOR ANTAGONIST FOR TREATMENT OF ASTHMA OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
		Express Mall	EL615430379US
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents		ADDRESS TO:	Commissioner for Patents Mail Stop: Patent Application Alexandria, VA 22313-1450
1. ☑ Fee Transmittel Form (PTO/SB/17) 7. ☐ CD-ROM or CD-R in duplicate, large table or			
2. Applicant claims 6 See 37 CFR 1.27.	•	Computer Program (A 8. Nucleotide and/or Ami (If applicable, all neceei a. Computer Readable F	ino Acid Sequence Submission sary)
3. Specification (preferred arrangem	[Total Pages <u>B5</u>] sent set forth below)	b. Specification Sequence L	Listing on:
-Descriptive title of the invention -Cross reference to Related Applications -Statement Regarding Fed Sponsored R & D -Reference to sequence listing, a table, or a computer program fisting appendix -Background of the invention		i, □ CD-ROM or CD-R (2 coples); or if, □ paper	
		c. Statements verifying i	dentity of above copies
-Brief Summary of -Detailed Description -Claim(s)	n¢	ACCOMPANYING	GAPPLICATION PARTS
Abstract of the Disclosure 4. Drawing(s) (35 U.S.C. 113) [Total Sheets 15]		Assignment papers (cover sheet & document(s)) O,	
5. ☑ Oath or Declaration [7 otal Pages 3] a. ☐ Newly executed (original or copy) b. ☑ Copy from a prior application (37 CFR 1.63 (d)) (for continuational divisional with Box 17 completed) i. ☐ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 8. ☐ Application Data Sheet. See 37 CFR 1.76		(when there is an ass	lignee) Attorney
		2. Information disclosure Statement (IDS)/PTC 3. Preliminary Amendme	-1449 Citations
		4. Return Receipt Posta (Should be specifical) 6. Certified Copy of Prio (If foreign priority is call 16. Other: Check for \$\frac{1}{2}\$	ly itemized) rity Document(s) almed)
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